

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 2166
Registered No. 2166

1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village P.O. Box 8 - Insp. ArizCity MiamiNo. Miami - Insp. Hospital

Ward of birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

2. Full name of child John Chalice Meikle3. Sex of Child } To be answered ONLY in event of plural births.
Male

4. Twin, triplet or other.

6. Legitimate? yes

7. Date

of birth Apr. 27 - 1930
Month Day Year

5. No., in order of birth.

8.

FATHER

Full name Arthur John Meikle9. Residence (Usual place of abode) InspirationIf non-resident, give place and state. Arizona10. Color or race Cauc.11. Age at last birthday 21 (Years)12. Birthplace (city or place) Dawson
(State or country) New Mex.13. Occupation CranemanNature of Industry Insp. Con. Copper Co.

14.

MOTHER

Full maiden name Annie M. Southerland15. Residence (Usual place of abode) InspirationIf non-resident, give place and state. Arizona16. Color or race Cauc.17. Age at last birthday 18 (Years)18. Birthplace (city or place) Clifton
(State or country) Arizona

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child.) 1

(a) Born alive and now living.

(b) Born alive but now dead.

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. m. on the date above stated.
(Born alive or stillborn)Signature Cyril M. Brown M.D.

(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year

Address Miami, ArizonaFiled May 18 30

Registrar.

Registrar.